TennCare Companion Guide

837 Health Care Claim: Institutional V5010X223A2

Version: 1.0 Final

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Company: Bureau of TennCare

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Trading Partner: Medicare Advantage Plan

Notes:

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required
Heading	;:						
<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical	M	1			Required
		Transaction					
LOOP I	D - 1000	<u>4</u>			<u>1</u>	N1/0200L	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact	O	2			Required
		Information					_
	7 1000		•				
LOOP I	D - 1000	<u> </u>			<u>1</u>	<u>N1/0200L</u>	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
LOOP I	D - 2000	<u>A</u>			<u>>1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	O	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP I	D - 2010	<u>AA</u>			<u>1</u>	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	O	1			Required
0350	REF	Billing Provider Tax Identification	О	1			Required
0400	PER	Billing Provider Contact Information	0	2			Situational
LOOP	D - 2010	AB			1	N2/0150L	
0150	NM1	Pay-to Address Name	О	1	_	N2/0150	Situational

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0250	N3	Day To Address ADDDESS	0	1			Daguinad
0300	N3 N4	Pay-To Address - ADDRESS Pay-to Address City, State,	0 0	1 1			Required Required
0300	114	ZIP Code	O	1			Required
LOOP I	ID - 2010A	AC .			1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1	=	N2/0150	Situational
0250	N3	Pay-To Plan Address	Ō	1			Required
0300	N4	Pay-To Plan City/State/Zip	0	1			Required
		Code					•
0350	REF	Pay-To Plan Secondary	O	1			Situational
		Identification					
0350	REF	Pay-To Tax Identification	O	1			Required
		Number					
LOOP I	D - 2000I	<u>3</u>	·		<u>>1</u>		
0010	HL	Subscriber Hierarchical Level	M	1			Required
0050	SBR	Subscriber Information	О	1			Required
LOOP I	ID - 2010I	<u>BA</u>			<u>1</u>	N2/0150L	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP	O	1			Situational
0220	Dire	Code	0	4			G:4 : 1
0320	DMG	Subscriber Demographic Information	О	1			Situational
0350	REF	Subscriber Secondary	O	1			Situational
0330	KLI	Identification	O	1			Situational
0350	REF	Property and Casualty Claim	O	1			Situational
		Number					
LOOP I	D - 2010I	BB	•		1	N2/0150L	
0150	NM1	Payer Name	O	1	_	N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary	O	1			Situational
		Identification					
LOOP I	ID - 2300	,	*		100	•	
1300	CLM	Claim information	О	1	<u> </u>		Situational
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CI 1	Institutional Claim Code	O	1			Required
1400	CL1	montational Claim Code	-	-			
1550	PWK	Claim Supplemental	O	10			Situational
1550	PWK	Claim Supplemental Information	O	10			
1550 1600	PWK CN1	Claim Supplemental Information Contract Information	O O	10 1			Situational
1550 1600 1750	PWK CN1 AMT	Claim Supplemental Information Contract Information Patient Estimated Amount Due	0 0 0	10 1 1			Situational Situational
1550 1600	PWK CN1	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization	O O	10 1			Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800	PWK CN1 AMT REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number	0 0 0 0	10 1 1 1			Situational Situational Situational
1550 1600 1750 1800 1800	PWK CN1 AMT REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization	0 0 0 0	10 1 1 1 1			Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number Repriced Claim Number	0 0 0 0 0	10 1 1 1 1 1 1			Situational Situational Situational Situational Situational Situational Situational
1550 1600 1750 1800 1800 1800 1800	PWK CN1 AMT REF REF REF REF	Claim Supplemental Information Contract Information Patient Estimated Amount Due Service Authorization Exception Code Referral Number Prior Authorization Payer Claim Control Number	0 0 0 0	10 1 1 1 1 1			Situational Situational Situational Situational Situational
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Identifier					1			
1800 REF Peer Review Organization (PRO) Approval Number (PRO		REF		О	1			
1850 K3	1800	REF	Peer Review Organization	О	1			Situational
1900 NTE Claim Note O 10 Situational 1900 NTE Silling Note O 1 Situational 1900 NTE Silling Note O 1 Situational 2200 CRC EPSDT Referral O 1 Situational 2310 HI Principal Diagnosis O 1 Situational 2310 HI Admitting Diagnosis O 1 Situational 2310 HI Patient's Reason For Visit O 1 Situational 2310 HI Patient's Reason For Visit O 1 Situational 2310 HI External Cause of Injury O 1 Situational CDRG) Information CDRG) Information O 1 Situational CDRG) Information O 2 Situational 2310 HI Diagnosis Related Group O 1 Situational 2310 HI Other Diagnosis Information O 2 Situational 2310 HI Principal Procedure O 1 Situational 2310 HI Other Procedure O 1 Situational 2310 HI Other Procedure O 2 Situational 2310 HI Other Procedure O 2 Situational 2310 HI Other Procedure O 2 Situational 2310 HI Occurrence Span Information O 2 Situational 2310 HI Cocurrence Information O 2 Situational 2310 HI Condition Information O 2 Situational 2310 HI Condition Information O 2 Situational 2310 HI Treatment Code Information O 2 Situational 2410 HCP Claim Pricing/Repricing O 1 Situational Information D Situational 2500 NMI Attending Provider Name O 1 N2/2500 Situational 2500 NMI Attending Provider Name O 1 N2/2500 Situational 2710 REF Operating Physician O 4 Situational Secondary Identification Secondary Identification D N2/2500 Situational Name Secondary Identification D N2/2500 Situational CDOP ID - 2310E Secondary Identification D N2/2500 Situational D N2/2500 Sit	1850	K3		0	10			Situational
2200 CRC EPSDT Referral O								
2200	1900	NTE	Billing Note	O	1			Situational
2310	2200	CRC		O	1			Situational
2310	2310	HI	Principal Diagnosis	O	1			Required
2310	2310	HI	Admitting Diagnosis	O	1			Situational
2310	2310	HI	Patient's Reason For Visit	O	1			Situational
CDRG) Information	2310	HI	External Cause of Injury	O	1			Situational
2310 HI	2310	HI		О	1			Situational
Information 2310	2310	HI	Other Diagnosis Information	O	2			Situational
2310	2310	HI		О	1			Situational
2310	2310	HI	Other Procedure Information	O	2			Situational
2310	2310	HI	Occurrence Span Information	O	2			Situational
2310	2310	HI	Occurrence Information	O	2			Situational
2310	2310	HI	Value Information	O	2			Situational
Claim Pricing/Repricing O 1 Situational		HI		O	2			
LOOP ID - 2310A	2310	HI		O	2			Situational
NM1	2410	НСР		О	1			Situational
2550 PRV Attending Provider Specialty O 1 Situational Information 2710 REF Attending Provider Secondary O 4 Situational Identification LOOP ID - 2310B	LOOP I	D - 2310A	<u> </u>			<u>1</u>	N2/2500L	
Information 2710 REF Attending Provider Secondary O 4 Situational	2500	NM1		O	1		N2/2500	Situational
LOOP ID - 2310B	2550	PRV		О	1			Situational
2500 NM1 Operating Physician Name O 1 N2/2500 Situational Secondary Identification	2710	REF	•	О	4			Situational
2500 NM1 Operating Physician Name O 1 N2/2500 Situational Secondary Identification	I OOP I	D - 2310I	3			1	N2/2500I	
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2500 NM1 Other Operating Physician O 1 N2/2500 Situational Name 2710 REF Other Operating Physician O 4 Situational LOOP ID - 2310D								
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2650 N3 Service Facility Location O 1 Required Address			Service Facility Location	О	1	_		Situational
	2650	N 3	Service Facility Location	O	1			Required
	2700	N4		0	1			Required

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2710	REF	City/State/ZIP Service Facility Secondary Identification	0	3			Situational
LOOP I	D - 2310F	7			1	N2/2500L	
2500	NM1	Referring Provider Name	О	1	_	N2/2500	Situational
2710	REF	Referring Provider Secondary	0	3			Situational
,,		Identification	_	_			~
LOODI	D 2220				10	N/2/2000T	
	D - 2320	Other Subscriber Information	0	1	<u>10</u>	N2/2900L	Situational
2900 2950	SBR CAS		0 0	1 5		N2/2900	Situational
		Claim Level Adjustments Coordination of Benefits					
3000	AMT	(COB) Payer Paid Amount	0	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1			Situational
3100	OI	Other Insurance Coverage Information	О	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	О	1			Situational
LOOP I	D - 2330A				<u>1</u>	N2/3250L	
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	О	1			Situational
3550	REF	Other Subscriber Secondary Information	О	2			Situational
LOOPI	D - 2330E	3			1	N2/3250L	
3250	NM1	Other Payer Name	0	1	<u> </u>	N2/3250L	Required
3320	N3	Other Payer Address	O	1		112/3230	Situational
3400	N4	Other Payer City/State/ZIP	0	1			Situational
3100	111	Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	0	1			Situational
LOOPI	D 22200				1	N2/22501	
3250	D - 23300	Other Payer Attending	О	1	<u>1</u>	N2/3250L N2/3250	Situational
	NM1	Provider		-		1 N 2/323U	
3550	REF	Other Payer Attending Provider Secondary Identification	0	4			Required
LOOP I	D - 2330I)			1	N2/3250L	
3250	NM1	Other Payer Operating Physician	O	1	_	N2/3250	Situational

3550	REF	Other Payer Operating Physician Secondary Identification	O	4			Required
LOOP	ID - 23301				1	N2/3250L	·
3250	NM1	Other Payer Other Operating Physician	О	1	_	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	0	4			Required
LOOP	ID - 23301	₹			<u> </u>	N2/3250L	Ĭ
3250	NM1	Other Payer Service Facility Location	О	1	_	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	О	3			Required
LOOPI	ID - 23300				1	N2/3250L	, and the second
3250	NM1	Other Payer Rendering Provider Name	О	1	±	N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	О	4			Required
LOOP	ID - 23301				1	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	±	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	0	3			Required
LOOP	ID - 23301	<u> </u>			1	N2/3250L	
				1			Situational
3250	NM1	Other Payer Billing Provider	O	1		N2/3250	Situational
3250 3550	NM1 REF	Other Payer Billing Provider Other Payer Billing Provider Secondary Identifier	0	2		N2/3250	Required
3550	REF	Other Payer Billing Provider			999	,	
3550 LOOP 1		Other Payer Billing Provider			999	N2/3650L N2/3650	Required
3550	REF ID - 2400 LX	Other Payer Billing Provider Secondary Identifier Service Line Number	0	2	999	N2/3650L	Required Required
3550 <u>LOOP 1</u> 3650	REF ID - 2400	Other Payer Billing Provider Secondary Identifier	0	1	999	N2/3650L	Required
3550 LOOP 1 3650 3750	REF ID - 2400 LX SV2	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental	O O O	1 1	999	N2/3650L	Required Required Required
3550 LOOP I 3650 3750 4200	REF ID - 2400 LX SV2 PWK	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information	0 0 0	1 1 10	999	N2/3650L	Required Required Required Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700	REF ID - 2400 LX SV2 PWK DTP REF REF	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number	0 0 0 0 0	1 1 10 1	. <u>999</u>	N2/3650L	Required Required Situational Situational Situational Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700 4700	REF ID - 2400 LX SV2 PWK DTP REF REF	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number	0 0 0 0 0 0	1 1 10 1 1 1	999	N2/3650L	Required Required Situational Situational Situational Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700 4750	REF LX SV2 PWK DTP REF REF REF	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount	0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700 4750 4750	REF LX SV2 PWK DTP REF REF REF AMT AMT	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount	0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational
3550 LOOP J 3650 3750 4200 4550 4700 4700 4700 4750 4750 4850	REF LX SV2 PWK DTP REF REF AMT AMT NTE	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1	999	N2/3650L	Required Required Required Situational Situational Situational Situational Situational Situational Situational Situational
3550 LOOP J 3650 3750 4200 4550 4700 4700 4700 4750 4850 4920	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization	0 0 0 0 0 0	1 1 10 1 1 1 1	999	N2/3650L N2/3650	Required Required Required Situational Situational Situational Situational Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP 1	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1	999	N2/3650L N2/3650	Required Required Required Situational
3550 LOOP J 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP J 4930	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP LIN	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information Drug Identification	0 0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650L N2/3650	Required Required Required Situational
3550 LOOP 1 3650 3750 4200 4550 4700 4700 4750 4750 4850 4920 LOOP 1	REF LX SV2 PWK DTP REF REF AMT AMT NTE HCP	Other Payer Billing Provider Secondary Identifier Service Line Number Institutional Service Line Line Supplemental Information Date - Service Date Line Item Control Number Repriced Line Item Reference Number Adjusted Repriced Line Item Reference Number Service Tax Amount Facility Tax Amount Third Party Organization Notes Line Pricing/Repricing Information	0 0 0 0 0 0 0	1 1 10 1 1 1 1 1 1		N2/3650L N2/3650	Required Required Required Situational

5000 5250	NM1 REF	Operating Physician Name Operating Physician Secondary Identification	0 0	1 20		N2/5000	Situational Situational
LOOP I	D - 2420B	<u> </u>			1	N2/5000L	
5000	NM1	Other Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	О	20			Situational
LOOPI	D - 24200	Υ	•		1	N2/5000L	
5000	NM1	Rendering Provider Name	O	1	<u> </u>	N2/5000 N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	0	20			Situational
LOOPI	D - 2420D)			1	N2/5000L	
5000	NM1	Referring Provider Name	O	1	<u> </u>	N2/5000	Situational
5250	REF	Referring Provider Secondary Identification	0	20			Situational
LOOP I	D - 2430				15	N2/5400L	
5400	SVD	Line Adjudication Information	O	1	13	N2/5400	Situational
5450	CAS	Line Adjustment	Ö	5		112/3-100	Situational
5500	DTP	Line Check or Remittance Date	0	1			Required
5505	AMT	Remaining Patient Liability	О	1			Situational
LOOPI	D - 2000C	•	•		<u>>1</u>		
0010	HL	Patient Hierarchical Level	O	1	21		Situational
0070	PAT	Patient Information	O	1			Required
LOOP I	D - 2010C	CA CA	•		1	N2/0150L	•
0150	NM1	Patient Name	О	1	_	N2/0150	Required
0250	N3	Patient Address	O	1			Required
0300	N4	Patient City/State/ZIP Code	O	1			Required
0320	DMG	Patient Demographic Information	O	1			Required
0350	REF	Property and Casualty Claim Number	O	1			Situational
0350	REF	Property and Casualty Patient Identifier	0	1			Situational
LOOP I	D - 2300	,	·		100		
1300	CLM	Claim information	О	1			Required
1350	DTP	Discharge Hour	O	1			Situational
1350	DTP	Statement Dates	O	1			Required
1350	DTP	Admission Date/Hour	O	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1400	CL1	Institutional Claim Code	O	1			Required
1550	PWK	Claim Supplemental Information	О	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Estimated Amount Due	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Repriced Claim Number	O	1			Situational

1800	REF	Adjusted Repriced Claim Number	O	1			Situational
1800	REF	Investigational Device Exemption Number	O	5			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Auto Accident State	O	1			Situational
1800	REF	Medical Record Number	Ö	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Peer Review Organization (PRO) Approval Number	О	1			Situational
1850	K 3	File Information	O	10			Situational
1900	NTE	Claim Note	O	10			Situational
1900	NTE	Billing Note	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Principal Diagnosis	O	1			Required
2310	HI	Admitting Diagnosis	O	1			Situational
2310	HI	Patient's Reason For Visit	O	1			Situational
2310	HI	External Cause of Injury	O	1			Situational
2310	HI	Diagnosis Related Group (DRG) Information	O	1			Situational
2310	HI	Other Diagnosis Information	O	2			Situational
2310	HI	Principal Procedure Information	О	1			Situational
2310	HI	Other Procedure Information	O	2			Situational
2310	HI	Occurrence Span Information	O	2			Situational
2310	HI	Occurrence Information	O	2			Situational
2310	HI	Value Information	O	2			Situational
2310	HI	Condition Information	O	2			Situational
2310	HI	Treatment Code Information	0	2			Situational
2410	НСР	Claim Pricing/Repricing Information	O	1			Situational
LOOP	D - 2310A	1	*		1	N2/2500L	
2500	NM1	Attending Provider Name	O	1	_	N2/2500	Situational
2550	PRV	Attending Provider Specialty Information	O	1			Situational
2710	REF	Attending Provider Secondary Identification	0	4			Situational
I UUD I	D - 2310I	3			. 1	N2/2500L	
2500	<u>D - 23101</u> NM1	Operating Physician Name	O	1	1	N2/2500L N2/2500	Situational
2710	REF	Operating Physician Operating Physician	0	4		112/2300	Situational
2710	KLI	Secondary Identification		4			Situational
LOOP I	D - 23100				1	N2/2500L	
2500	NM1	Other Operating Physician Name	О	1	_	N2/2500	Situational
2710	REF	Other Operating Physician Secondary Identification	0	4			Situational
LOOD	D 22101)			1	N2/25001	
	D - 2310I	 -	0	1	<u>1</u>	N2/2500L	Cityotian -1
2500	NM1	Rendering Provider Name	0	1		N2/2500	Situational
2710	REF	Rendering Provider Secondary Identification	О	4			Situational
	_						
	D - 2310I				<u>1</u>	N2/2500L	
2500	NM1	Service Facility Location	O	1		N2/2500	Situational

		Name					ĺ
2650	N3	Service Facility Location	O	1			Required
2030	113	Address	Ü	1			rtoquirea
2700	N4	Service Facility Location City/State/ZIP	O	1			Required
2710	REF	Service Facility Secondary Identification	O	3			Situational
T.00D.1	D 2210E				4	N/A /A FOOT	
2500	D - 2310F NM1	Referring Provider Name	O	1	<u>1</u>	N2/2500L N2/2500	Situational
2710	REF	Referring Provider Secondary	0	3		11/2/2300	Situational
2710	KLI	Identification					Situational
LOOP I	D - 2320		•		<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	O	1	_	N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3000	AMT	Coordination of Benefits	O	1			Situational
		(COB) Total Non-covered Amount					
3100	OI	Other Insurance Coverage Information	O	1			Required
3150	MIA	Inpatient Adjudication Information	O	1			Situational
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP I	ID - 2330A				1	N2/3250L	
3250	NM1	Other Subscriber Name	О	1	_	N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City/State/ZIP Code	О	1			Situational
3550	REF	Other Subscriber Secondary Information	О	2			Situational
LOOPI	D - 2330B				1	N2/3250L	
3250	NM1	Other Payer Name	0	1	<u> </u>	N2/3250L	Required
3320	N3	Other Payer Address	0	1		112/3230	Situational
3400	N4	Other Payer City/State/ZIP	0	1			Situational
5100	111	Code	O	1			Situational
3500	DTP	Claim Check Or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment	0	1			Situational
		Indicator					
3550	REF	Other Payer Claim Control Number	0	1			Situational
LOOP	D - 2330C	· · · · · · · · · · · · · · · · · · ·			1	N2/3250L	
3250	NM1	Other Payer Attending	0	1	<u> </u>	N2/3250	Situational
		Provider	-	=		J - 0	
3550	REF	Other Payer Attending Provider Secondary Identification	О	4			Required
							J

						· · ·	
LOOP ID	- 2330D				<u>1</u>	N2/3250L	
3250	NM1	Other Payer Operating Physician	O	1		N2/3250	Situational
3550	REF	Other Payer Operating Physician Secondary	O	4			Required
		Identification					
LOOP ID	- 2330E				1	N2/3250L	
3250	NM1	Other Payer Other Operating Physician	О	1	_	N2/3250	Situational
3550	REF	Other Payer Other Operating Physician Secondary Identification	О	4			Required
I OOD ID	2220E				1	N2/22501	
3250	- 2330F NM1	Other Payer Service Facility	О	1	<u>1</u>	N2/3250L N2/3250	Situational
3550	REF	Location Other Payer Service Facility Location Secondary Identification	О	3			Required
		Identification					
LOOP ID					<u>1</u>	N2/3250L	
3250	NM1	Other Payer Rendering Provider Name	О	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary Identifier	О	4			Required
LOOP ID	- 2330H	·			1	N2/3250L	
	NM1	Other Payer Referring Provider	О	1	=	N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
LOOP ID	- 2330I				1	N2/3250L	
	NM1	Other Payer Billing Provider	О	1	<u> </u>	N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identifier	O	2		1,2,8288	Required
LOOP ID	- 2400				999	N2/3650L	
	LX	Service Line Number	0	1	<u> </u>	N2/3650	Required
	SV2	Institutional Service Line	O	1		- 12/2 22 2	Required
	PWK	Line Supplemental Information	O	10			Situational
4550	DTP	Date - Service Date	O	1			Situational
	REF	Line Item Control Number	O	1			Situational
	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	О	1			Situational
4750	AMT	Service Tax Amount	O	1			Situational
4750	AMT	Facility Tax Amount	O	1			Situational
	NTE	Third Party Organization Notes	O	1			Situational
4920	НСР	Line Pricing/Repricing Information	О	1			Situational
LOOP ID	- 2410	I I I I I I I I I I I I I I I I I I I	·		1	N2/4930L	
	LIN	Drug Identification	О	1	_	N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required

9

4950	REF	Prescription or Compound Drug Association Number	0	1			Situational
LOOP	ID - 2420A	1			1	N2/5000L	
5000	NM1	Operating Physician Name	O	1		N2/5000	Situational
5250	REF	Operating Physician Secondary Identification	О	20			Situational
LOOP	ID - 2420I	<u> </u>			1	N2/5000L	·
5000	NM1	Other Operating Physician Name	О	1	_	N2/5000	Situational
5250	REF	Other Operating Physician Secondary Identification	О	20			Situational
LOOP	ID - 24200	2			1	N2/5000L	
5000	NM1	Rendering Provider Name	O	1	_	N2/5000	Situational
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOP	ID - 24201)			1	N2/5000L	
LOOP 3	ID - 24201 NM1	Provider Name	0	1	1	N2/5000L N2/5000	Situational
			0 0	1 20	<u>1</u>		Situational Situational
5000 5250	NM1 REF	Referring Provider Name Referring Provider Secondary		_	_	N2/5000	
5000 5250	NM1	Referring Provider Name Referring Provider Secondary Identification		_	<u>1</u>		
5000 5250 LOOP 1	NM1 REF	Referring Provider Name Referring Provider Secondary	0	20	_	N2/5000 N2/5400L	Situational
5000 5250 LOOP 3	NM1 REF ID - 2430 SVD	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information	0	20	_	N2/5000 N2/5400L	Situational Situational
5000 5250 LOOP 3 5400 5450	NM1 REF ID - 2430 SVD CAS	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance	0 0 0	20 1 5	_	N2/5000 N2/5400L	Situational Situational Situational
5000 5250 LOOP 1 5400 5450 5500	NM1 REF ID - 2430 SVD CAS DTP	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date	0 0 0 0	1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required
5000 5250 LOOP 35400 5450 5500 5505	NM1 REF ID - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP 1 5400 5450 5500 5505 5550	NM1 REF ID - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability	0 0 0 0	1 5 1	_	N2/5000 N2/5400L	Situational Situational Situational Required Situational
5000 5250 LOOP 1 5400 5450 5500 5505 5550 Not Defi	NM1 REF ID - 2430 SVD CAS DTP AMT SE	Referring Provider Name Referring Provider Secondary Identification Line Adjudication Information Line Adjustment Line Check or Remittance Date Remaining Patient Liability Transaction Set Trailer	O O O O M	1 5 1 1	<u>15</u>	N2/5000 N2/5400L N2/5400	Situational Situational Situational Required Situational Required

ISA Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

			Req M	<u>Type</u> ID	Min/Max 2/2	<u>Usage</u> Required
i	nformation in	the Authorization Information				
(00	Additional Data Identification			ful Information	
)3	Security Infor	mation Qualifier	M	ID	2/2	Required
i	nformation in	the Security Information				
)5 I	Interchange I	D Qualifier	M	ID	2/2	Required
s c t	system/method designate the s being qualified	of code structure used to ender or receiver ID element				
(Code	Name				
_		Duns (Dun & Bradstreet)				
1	14	Duns Plus Suffix				
2	20	Health Industry Number (HIN)				
2	27	Carrier Identification Number as a (HCFA)	ssigned	by Health	Care Financing	Administration
2	28	Fiscal Intermediary Identification Administration (HCFA)	Number	as assign	ed by Health Ca	re Financing
2	29			tion Num	ber as assigned l	by Health Care
3	30	U.S. Federal Tax Identification Nu	ımber			
		National Association of Insurance	Commi	ssioners C	Company Code (NAIC)
2	ZZ	Mutually Defined				
)6 I	Interchange S	ender ID	M	AN	15/15	Required
t I C I I	the sender for of the to route date codes this value and the codes	other parties to use as the receiver a to them; the sender always e in the sender ID element test: This value will be the Sender or ID for Inbound Transactions. Care's ID '626001445TC' for				
)5 I	Interchange I	D Qualifier	M	ID	2/2	Required
s c b	system/method designate the s being qualified	of code structure used to ender or receiver ID element				
	1	Authorization Description: Cinformation in TennCare Not Code 00 03 Security Infor Description: Cinformation in TennCare Not Interchange II Description: Cinformation in TennCare Not Code 01 14 20 27 28 29 30 33 ZZ Interchange S Description: It the sender for Ci ID to route data codes this value TennCare Not Trading Partnel It will be Tenno Outbound Tran Interchange II Description: Ci System/method designate the sebeing qualified Interchange II Description: Ci System/method designate the sebeing qualified	Authorization Information Qualifier Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00' Code Name 00 No Authorization Information Pre 03 Additional Data Identification Security Information Qualifier Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00' Interchange ID Qualifier Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ' Code Name 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as a (HCFA) 28 Fiscal Intermediary Identification Administration (HCFA) 29 Medicare Provider and Supplier Identification Administration (HCFA) 30 U.S. Federal Tax Identification Notes and National Association of Insurance ZZ Mutually Defined Interchange Sender ID Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions.	Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00' Code Name 00 No Authorization Information Present (No. 03 Additional Data Identification Security Information Qualifier M Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00' Interchange ID Qualifier M Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ' Code Name 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned (HCFA) 28 Fiscal Intermediary Identification Number Administration (HCFA) 29 Medicare Provider and Supplier Identifica Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commi ZZ Mutually Defined Interchange Sender ID M Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions. If will be TennCare's ID '626001445TC' for Outbound Transactions. If will be TennCare's ID '626001445TC' for Outbound Transactions. If will be TennCare's ID '626001445TC' for Outbound Transactions. If will be TennCare's ID '626001445TC' for Outbound Transactions.	Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00' Code Name 00 No Authorization Information Present (No Meaning 03 Additional Data Identification Bescription: Code identifying the type of information in the Security Information Qualifier M ID Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00' Interchange ID Qualifier M ID Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ' Code Name 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health (HCFA) 28 Fiscal Intermediary Identification Number as assign Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners C ZZ Mutually Defined Interchange Sender ID M AN Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions. It will be TennCare's ID delement being qualified	Description: Code identifying the type of information in the Authorization Information TennCare Notes: Preferred value is '00' Code Name 00 No Authorization Information Present (No Meaningful Information 30 Additional Data Identification M ID 2/2 Description: Code identifying the type of information in the Security Information Qualifier M ID 2/2 Description: Code identifying the type of information in the Security Information TennCare Notes: Preferred value is '00' Interchange ID Qualifier M ID 2/2 Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified TennCare Notes: Preferred value is 'ZZ' Code Name 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Ca Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned I Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (Mutually Defined) M AN 15/15 Description: Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element TennCare Notes: This value will be the Sender Trading Partner ID for Inbound Transactions. It will be TennCare's ID '626001445TC' for Outbound Transactions. 15 Interchange ID Qualifier M ID 2/2 Description: Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified

11/20/2011 Health Care Claim : Institutional - 837

		Code 01 14 20 27 28 29 30 33 ZZ	Name Duns (Dun & Bradstreet) Duns Plus Suffix Health Industry Number (HIN) Carrier Identification Number as (HCFA) Fiscal Intermediary Identification Administration (HCFA) Medicare Provider and Supplier I Financing Administration (HCFA U.S. Federal Tax Identification N National Association of Insuranc Mutually Defined	n Number Identificat A) Iumber	as assigno	ed by Health C per as assigned	Care Financing by Health Care
ISA08	I07	the receiver of used by the second other parties of receiving ID to TennCare No. '626001445Te	Identification code published by f the data; When sending, it is ender as their sending ID, thus sending to them will use this as a to route data to them otes: It will be TennCare's ID C' for Inbound Transactions. This the Sender Trading Partner ID for	M	AN	15/15	Required
ISA13	I12	Description: interchange se	Control Number A control number assigned by the ender otes: System generated	M	N0	9/9	Required
ISA15	I14	Description: enclosed by the production or TennCare No.	Usage Indicator Code indicating whether data his interchange envelope is test, information otes: Use 'T' for Test Transactions roduction Transactions. Name Production Data Test Data	M	ID	1/1	Required

GS Functional Group Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners TennCare Notes: Same as ISA06.				
GS03	124	Application Receiver's Code	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners TennCare Notes: Same as ISA08.				

BHT Beginning of Hierarchical Transaction

Chargeable

Reporting

Pos: 0100 Max: 1 Heading - Mandatory Loop: N/A Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Element Summary:

	Jumma	⊥ y •				
<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
BHT06	640	Transaction Type Code	O	ID	2/2	Required
		Description: Code specifying the type of transaction				
		Medicare Advantage Notes:				
		Error Message: BHT06 code Invalid. Valid				
		Transaction Type Code for Tenncare is 'CH'.				
		Description: Valid Transaction Type Code for				
		Tenncare is 'CH'.				
		Code Name				
		31 Subrogation Demand				
		51 Sublogation Demand				

CH

RP

NM1 Billing Provider Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10967Identification CodeXAN2/80Situational

Description: Code identifying a party or other

code

Medicare Advantage Notes:

Error Message: Tenncare requires Billing Provider NPI to be present on all transactions. Description: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

NM1

Subscriber Name

separators. RID must be a string of 11.

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

L	aement Summary.								
	Ref	<u>Id</u>	Element Name	Req	<u>Type</u>	Min/Max	<u>Usage</u>		
	NM109	67	Identification Code	X	AN	2/80	Situational		
			Description: Code identifying a party or other code						
			Medicare Advantage Notes: Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators. Description: 2010BA NM109 where						
			NM108='MI' (NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no						

SBR Other Subscriber Information

Pos: 2900 Max: 1 Detail - Optional Loop: 2320 Elements: 5

User Option (Usage): Situational

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
SBR09	1032	Claim Filing Indicator Code	O	ID	1/2	Situational

Description: Code identifying type of claim

Medicare Advantage Notes:

Error Message: Claim Filing Indicator code (SBR09) is Invalid. 'MA' or 'MB' should be

used.

Description: Claim Filing Indicator code is Invalid. 'MA' or 'MB' should be used on Cross over and Medicare Advantage claims.

<u>Code</u>	<u>Name</u>
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined

GE Functional Group Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
						Required
GE02	28	Group Control Number	M	N0	1/9	Required
		Description: Assigned number originated and maintained by the sender TennCare Notes: <i>Same as GS06</i>				

IEA Interchange Control Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA02	I12	Interchange Control Number	M	N0	9/9	Required
		Description: A control number assigned by the interchange sender TennCare Notes: <i>Same as ISA13</i>				